NATIONAL Assessment Centre Services. (wef 1 Jan'05). MNIA 418148074

	Job description	Date & Time Completed	Done by
Date In: 15/11/2018 15:21	SAS e-filing		
Ref No: NBA/TN C18020711/Y	E-mail (within 8hrs, AIC 2hrs)		
Veh No: FBF7315R	i-Motor Claim Form	MT/10199144-001	15/11/2018 15:49
D.O.A: 14/11/2018 14:15	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: Fax:)

TP Particulars: Veh No: SMD 5807U. INC ( ) / Non-INC ( ).

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( ).

Confirmed by : (*Date:* *Time:*)

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading: $1,000 ( ) / $2,000 ( )

General Remarks:

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks (INC Hotline 6788 0010)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Actions

XN1807482

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cat. 1:

[illegible] 2 / 3:

Invoice Preparation Checklist		Amount ($)	Amount ($) Add'l bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($80)			
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idea Mobile	30		
Invoice dated	Fee Charged		[illegible]
Invoice dated	Fee Charged	[illegible]	

MNA418148074 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 15/11/2018 15:21
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	15/11/2018 15:21
Date Of Accident	14/11/2018 14:15
Exact Location Of Accident	EXIT FROM NATIONAL SKIN CENTER (MANDALAY ROAD)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBF7315R
Insured/Policyholder	
Name Of Registered Owner	NG WEI TECK WILLIE (HUANG WEIDE, WILLIE)
NRIC No	S8337443H
Email Address	WILLIZ.NG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91156962
Alternative Phone No	OTHERS-91156962
Vehicle Particulars	
Manufacturer	SYM
Model	GTS 200-172CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5101978255
Cover Note Number	
Driver	
Name of Driver	NG WEI TECK WILLIE (HUANG WEIDE, WILLIE)
NRIC No	S8337443H
Date Of Birth	20/11/1983
Occupation	INDOOR
Date Of Driving Pass	29/06/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91156962
Fax Number	
Contact Number	OTHERS-91156962
EMail Address	WILLIZ.NG@GMAIL.COM

Address	BLK 87 DAWSON ROAD #17-29
Postcode	141087
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS TP REVERSE AND HIT INSURED)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD3807U
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN JIANYU
NRIC/Passport Number	S8176551J
Contact Number	82248940
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

   I understand, acknowledge, agree and consent that:

   (a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

   (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

   (ii) investigating the accident and/or my claims;

   (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

   (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

   (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")

   (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

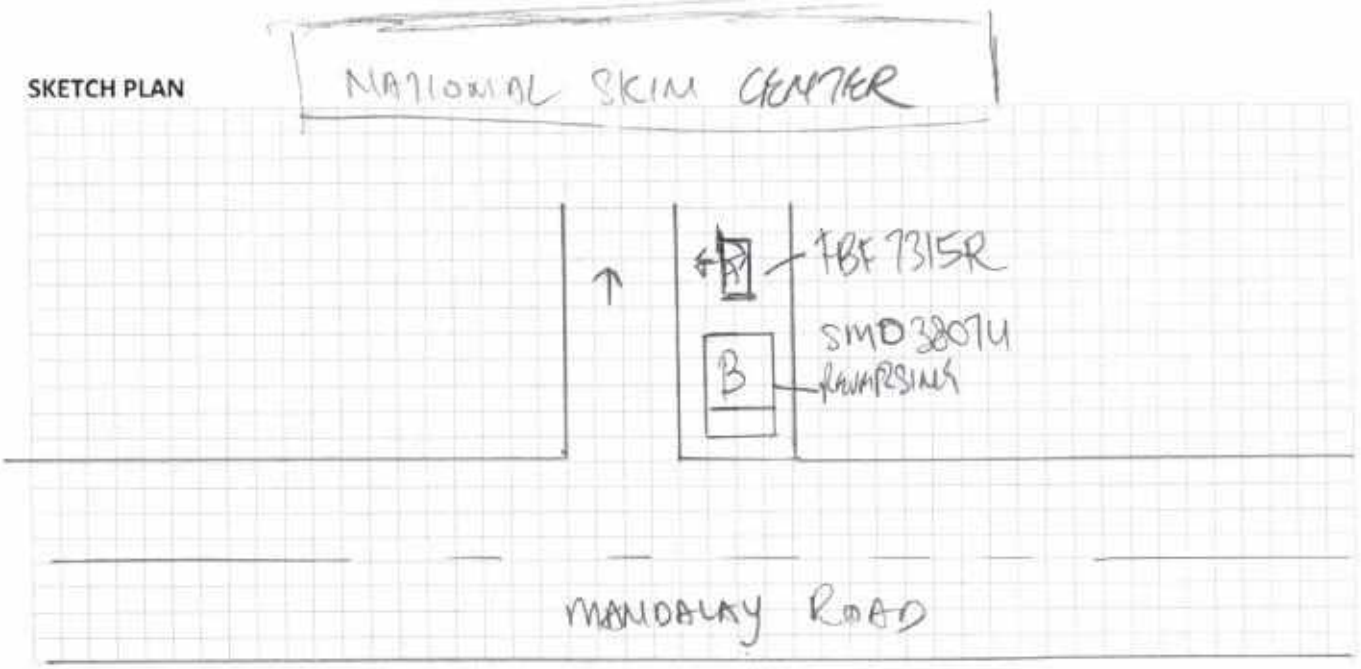
Policyholder's Signature
Date & Time: 15/11/2018 14:10hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time:

15/11/2018

Reporting Centre Personnel's Signature
Name: Rosli Kuttos
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 14:16hrs on 14-11-2018, while I was exiting National Skin Center, I stopped behind a black Honda Vezel (SMD 3807H) waiting for the said vehicle to move off. After I come to a complete stop, the said vehicle suddenly reverse, I immediately horn at the driver when I saw the reverse light but the vehicle did not stop. The vehicle then collide into the front of my motorbike.

The driver of SMD3807H, Mr Chen JianYu then exit his vehicle apologizing to me and said he did not see me behind his car.

A traffic controller, Mr Biswas Kismot who was on duty at the incident site witnessed the ~~accident~~ whole accident. Mr Biswas also mentioned that he tried to stop Mr Chen by signaling him to stop but Mr Chen did not stop.

After the accident, I took pictures of the damages and Mr Chen's particulars.

We both agreed to private settlement and left the scene.

Security officer at National Skin Center was aware of the incident and an incident report was put up.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 15/11/2018	(If driver is not the policyholder)	Name: Rabi Wahab
	Date & Time:	NRIC/FIN No.:

15/11/2018

Claim Handling

Accident MT/1019944

Policy No.	S101978255	Vehicle No.	FBF7315R	GST Registration No.	
Certificate No.					
Policyholder Name	NG WEI TECK WILLIE (HUANG WEIDE, WILLIE)			Policyholder NRIC	S8337443H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91156962	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
eFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	15/11/2018 15:43	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	14/11/2018	Time of Accident hh:mm	14:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EXIT FROM NATIONAL SKIN CENTER (MANDALAY ROAD)				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 67 #17-29	Address 2	DAWSON ROAD	Address 3	SKYVILLE @ DAWSON
Address 4	SINGAPORE 141067	Address Type	Singapore address	Post Code	141067
Unit No.		Related Policy Number	S101978255		

DI Driver Info

Driver Name	NG WEI TECK, WILLIE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8337443H	Driver DOB	20/11/1983
Register Date of Driver License	29/06/2017	Driver Age	34	Driving Experience	1
Contact No.(Mobile)	91156962	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 67 #17-29	Address 2	DAWSON ROAD	Address 3	SKYVILLE @ DAWSON
Address 4	SINGAPORE 141067	Address Type	Singapore address	Post Code	141067
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBF7315R	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NG WEI TECK WILLIE (HUANG W	Insured NRIC	S8337
Contact No.(Mobile)	91156962	Contact No. (Home)	67759003	Contact No. (Office)	
Email Address		OI Vehicle Number	FBF7315R	TP Vehicle Number	SMD38
Claim Description	FBF7315R / SMD380TU ON 14 Nov 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Direct No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			15/11/2018 15:48	Claim Close Date	
Report Taken By			ROSLI WAHAB		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1019944	Claim No.	001
Last Doc. Received	Yes No	Upload Date	15/11/2018 15:49

Path *		Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	H
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2018 15:49	Photos		Normal	Photos 2018-11-15	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2018 15:49	Photos	Normal	Photos 2018-11-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2018 15:49	Photos	Normal	Photos 2018-11-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2018 15:48	Photos	Normal	Photos 2018-11-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2018 15:48	Photos	Normal	Photos 2018-11-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2018 15:48	Photos	Normal	Photos 2018-11-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2018 15:48	Photos	Normal	Photos 2018-11-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2018 15:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2018 15:48	SAS	Normal	SAS 2018-11-15

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / NOV / 2018) (DD/MM/YYYY), TIME: (14.16) (HH:MM)

LOCATION: Exit of National Skin Centre MOUNTBATTEN ROAD

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FBF7315R
   b) INSURANCE COMPANY: INCOME
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: SYM GTS 200
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME:
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
      IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
   A) NAME: NG WEI TECK WILLIE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8337483H CONTACT: 91156762
   c) ADDRESS: BLK 87 Dawson Road #17-29 Spore 141087

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (1)

DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (20 / 11 / 1983) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 29-06-2017
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE

No of passenger (including driver) (__)

   a) VEHICLE NUMBER: SMD 3807U MODEL: HONDA VEZEL
   b) DRIVER'S NAME: CHEN JIANYU
   c) NRIC/FIN/PASSPORT: S8176551J CONTACT: 82248940
9. THIRD PARTY VEHICLE

No of passenger (including driver) (__)

   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

WITNESS MR BISWAR KISMOT 96454755

email = ~~willie~~ willz-ng@gmail.com

fax = NIL

VIDEO NIL

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8337443H

Name

NG WEI TECK, WILLIE
(HUANG WEIDE, WILLIE)

黄 維 德

Race
CHINESE

Date of birth
20-11-1983

Sex
M

Country/Place of birth
SINGAPORE

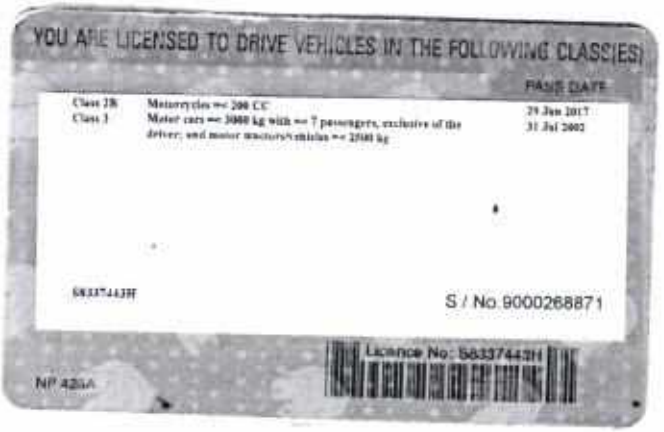
5241565

NRIC No: S8337443H

Date of issue
23-11-2013

APT BLK 87 DAWSON ROAD #17-29
SINGAPORE 141087

NRIC No: S8337443H Date: 01/02/2016



eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 14/11/2018 14:03
Vehicle No.(For Motor): FBF7315R | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5101978255		NG WEI TECK WILLIE (HUANG WEIDE, WILLIE)	S8337443H	GMC	Third Party, Fire & Theft	FBF7315R	FBF7315R	13/07/2018	12/07/2019

Continue